

EXHIBIT I

Civilian Complaint Form (CO3)

Reporte De Quejas Civiles



New Rochelle Police Department
475 North Avenue New, Rochelle NY 10801

Complaint No/
 Núm. de Queja o Reclamo
 LEAVE BLANK /Deje el espacio en blanco

Please deliver in person or mail completed form to: INTERNAL AFFAIRS UNIT at the above address. Please make a copy for your records. Por Favor de entregar este formulario al cuartel en persona, o de enviarlo a: INTERNAL AFFAIRS UNIT, a la dirección mencionada arriba. Por favor, haga una copia para sus archivos.

Date and Time Reported (DD/MM/YYYY, HRS) Hora y fecha del reporte 06/24/15	Date and Time of Incident (DD/MM/YYYY, HRS) Hora y fecha del incidente 06/21/15 - 10 ³ pm	Location of Incident Lugar del incidente 491 Main Street, New Rochelle
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Complainant's Last Name Apellido del reclamante Williams	First Name Primer Nombre Angelo	Date of Birth (DD/MM/YYYY) Fecha de Nacimiento 8/27/1964	Race Raza Black
Mailing Address/ Apartment or floor Direccion Postal /Apt. o Piso 22 Clinton Ave New Rochelle	City, State, Zip Code Ciudad, Estado New Rochelle, NY	Day Phone Tel. Día 914-563-6799	Evening Phone Tel. Noche
Witness's Last Name Apellido del testigo(s)	First Name Primer Nombre	Age Edad	Mailing Address/ Apartment or floor Direccion Postal /Apt. o Piso
			Day Phone/ Evening Phone Tel. Día/ Tel. Noche

Time and Date of Occurrence/ Hora y fecha del incidente 6/21/15 - 10 ³ pm	Location/ Lugar 491 Main Street, New Rochelle
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Name of Police department Member(s) involved- If unknown, provide description. Nombre del policía(s)- si lo desconoce, proveer descripción Sgt. Bradley - New Rochelle P.D. P.O. — — — — — Shield # 10265	Shield # Número de placa	Division/ División

Nature of Complaint/ Tipo de querrela/ Queja:		
<input type="checkbox"/> Arrest /Arresto	<input checked="" type="checkbox"/> Other Complaint/ Otro tipo de reclamo/ Queja	<input type="checkbox"/> Sexual Harassment/ Acoso Sexual
<input type="checkbox"/> Detention/ Detención	<input type="checkbox"/> Search of Property/ Allamamiento de propiedad	<input type="checkbox"/> Theft by Officer/ Robo por un Policía(s)
<input type="checkbox"/> Excessive Force/ Uso de fuerza excesiva	<input type="checkbox"/> Property Lost by Officer/ Propiedad perdida por policía(s)	<input type="checkbox"/> Search of Person/ Cateo (Registro) de su persona
<input checked="" type="checkbox"/> Hate or Bias/ incidente basado en odio o prejuicio	<input checked="" type="checkbox"/> Racial Profiling/ Discriminación	<input type="checkbox"/> Verbal Abuse/ Abuso verbal

Details of Complaint (Use reverse side of paper if more space is required/ Provea los detalles de reclamo/ Queja. (Si necesita más espacio usar la parte de atrás de éste formulario)

See Over →

Complainant's Signature/ Firma del reclamante Angelo Williams	Date/ Fecha 6/24/15	Police officer Receiving Complaint Form/ Agente de policía recibiendo esta información
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Details of Complaint/ Provea los detalles de su Queja/ Reclamo

On 6/21/15 I called in ~~two~~^{three} 'boots' at 491 Main Street - Chase Bank. My company is Avalon Towing and I am paid to 'boot' illegally parked vehicles in the Chase Bank. I called in the three boots and proceeded to place the boots on the cars. Within minutes, three police vehicles arrived in the lot.

The police officers informed me that I had put the 'boots' on the vehicles before I called the police. The police officer told me that he was aware that I had called in the 'boots' before he had left the New Rochelle Police Department. He then gave me two summonses for Violating City Code 316-3.1B.